

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-023904

STATE FILE NUMBER

FILED JUL 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6625

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>1</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died on Arrival to No. 1 Hospital</u> Length of stay in 1b <u>38</u>				d. STREET ADDRESS (If outside, give location) <u>2228a. Cole St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Willie</u> Middle <u>Wynn</u> Last <u>Wynn</u>				4. DATE OF DEATH Month <u>6</u> Day <u>29</u> Year <u>58</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-30-1900</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foundry Work</u>				11. BIRTHPLACE (City and state or country) <u>Ullin Ill.</u>			
10b. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Wiley Wynn</u>				14. MOTHER'S MAIDEN NAME <u>Bell Malone</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>War</u>				16. SOCIAL SECURITY NO. <u>709-07-7228</u>			
17. INFORMANT <u>Bernetta McBride</u>				Address <u>6122 S. Peoria St Chicago Ill.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> <u>coronary heart disease</u> DUE TO (b) <u>Coronary Heart Disease</u> DUE TO (c) <u>420.1</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>6-29-58</u> <u>FEB '58.</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>9 P.</u> Month <u>June</u> Day <u>28</u> Year <u>58</u>				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>			
20g. COUNTY <u>MO</u>				20h. STATE <u>MO</u>			
21. I attended the deceased from <u>June 16</u> to <u>June 28</u> and last saw ^{her} him alive on <u>6-28-58</u> . Death occurred at <u>9 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. C. Sherrard</u> (Degree or title) <u>J. C. Sherrard M.D.</u>				22b. ADDRESS <u>2702a Franklin</u> <u>2702a Franklin</u>			
22c. DATE SIGNED <u>7-1-58</u>				22d. REGISTRAR'S SIGNATURE <u>Carl Smith</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-5-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>County MO</u>	
24. FUNERAL DIRECTOR <u>Gus Lowe</u>				25. DATE RECD. BY LOCAL REG. <u>JUL 2 '58</u>			
26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>				26b. REGISTRAR'S SIGNATURE <u>mxb</u>			

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 458

P. O. Address 4251 Wash

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.